Attorney Docket No. 0

Patent 000515<u>-23</u>7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Jeff Thornton et al.

Application No.: 10/053,646

Filing Date:

January 24, 2002

Title: RECOVERY METHOD

Group Art Unit: 1713

Examiner: RIP A LEE

Confirmation No.: 3600

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OFFICIAL

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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The following extension of time is requested to: respond to Official Action mailed March 3, 2004

	one month to	July 3, 2004		\$55.00 (2251)	×	3110.00 (1251)
į	☐ The shortened	statutory period has	s been re	set by an Adviso	ory Ac	tion dated
	An extension	fee in the amount of		is er	iclose	d.
	■ Charge	\$ 110.00 to Deposit Account No. 02-4800.				
	Charge	to cre	edit card.	Form PTO-2038	8 is at	tached.
1.21 th		d by this paper, and				37 C.F.R. §§1.16, 1.17 and eposit Account No. 02-4800
				Respectfully st	ubmitt	ed,
				BURNS, DOA	NE, \$	WECKER & MATHIS, L.L.P.
Alexan	ox 1404 dria, Virginia 2231 41-9240 July 2, 200			By Mary B. Registrati		
	P.O. Box 1450, Alex	his correspondence is be andrla, VA 22313-1450, er: 1,703.872.9306	to the follow	Ang facsimile numbe	ert	n to the Commissioner for Patents, mission: July 2, 2004

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An extension fee in the amount	ount of is enclosed. to Deposit Account No. 02-4800. to credit card. Form PTO-2038 is attached.				
☑ Charge \$110.00 to					
Charge to					
The Director is hereby authorized to c	harge any appropriate fees under 37 C.F.R. §§1.16, 1.17 and				
1.21 that may be required by this paper, ar	nd to credit any overpayment, to Deposit Account No. 02-4800.				
This paper is submitted in duplicate.					
	Respectfully submitted,				
	BURNS, DOANE, SWECKER & MATHIS, L.L.P.				
P.O. Box 1404 Alexandria, Virginia 22313-1404 (919) 941-9240 Date:	By <u>Many B. KhanT</u> Mary B. Grant Registration No. 32,176				
I hereby certify that this correspondence is P.O. Box 1450, Alexandria, VA 22313-145 Facsimile Number: 1.703.872.9306	being submitted by facsimile transmission to the Commissioner for Patents, io, to the following facsimile number: Date of Transmission: Date of Transmission: Sandra B. Paye Typed Name:				

BURNS DOANE
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